



# CMS Informal Waiver Review Questions

Health and Safety

## Appendix G-2-a-ii Restraints and Restrictive Interventions

Questions asked of:

- Adult Day Waiver Only
  - 51. Please clarify whether the use of mechanical restraints, physical restraints, seclusion, and aversive stimuli are/are not allowable (see 1st sentence in second paragraph). CMS is unclear whether these methods are or are not allowable since the State describes use the use of these methods which appear to be allowable in some circumstances.
- Comprehensive Waiver Only
  - 66. The state may wish to clarify detection of unauthorized restraint outside of the monitoring and oversight process described in G-2-a-ii.
  - 67. What documentation is used to track utilization of restraints consistent with a PCP or when an unexpected safety issue arises prior to development of a revised plan for the individual?
  - 68. The state may wish to remove references to restraints in this section as it repetitive with G-2-b. Are there other restrictive interventions beyond separation utilized by the state?
  - 69. Are there other restrictive interventions beyond separation utilized by the state? More detail is needed to support other restrictive interventions.

## Appendix G-3-c-iii Medication Management and Reporting

Questions asked of:

- Both Adult Day and Comprehensive Waivers
  - 52 & 70. Please confirm what state agencies are authorized to request medication error reports and how this information is tracked and addressed by the SMA or OA.

# Appendix G Discovery and Remediation of Health and Welfare QIS

## Questions asked of:

- Comprehensive Waiver Only
  - 71. In general, the state may wish to clearly identify the numerator and denominator in performance measures for clarity, e.g. N- the number of suspected incidents of abuse and neglect reported within timelines/ D-total incidents of suspected abuse and neglect.

## QIS – G: Health and Welfare

### Questions asked of:

- Both Adult Day and Comprehensive Waivers
  - 84 & 113. Regarding sub-assurance (b): Please either modify or add PMs to measure that an incident management system is in place that effectively prevents further similar incidents, to the extent possible.
  - 85 & 114. Regarding sub-assurance (c): Please consider revising the current PM or adding additional PMs that measure whether restrictive interventions occurred without a report being filed.
  - 86 & 115. Regarding sub-assurance (d): One or more PMs should be added to measure compliance with the state's overall health care standards.
- Comprehensive Waiver Only
  - Regarding sub-assurance (a): We saw in the Evidentiary Report that CMS recommends that the state develop a PM to appropriately measure sub-assurance (a). We also saw that the state eliminated the first and second PMs from the prior waiver. Given CMS' concerns, we recommend that the state add additional PMs, which may include the prior PMs. The third proposed PM measures only the timeliness of reports of incidents of suspected abuse/neglect. This does not measure that the state, on an ongoing basis, addresses and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death. Please develop additional PMs, as necessary, to measure all aspects of the sub-assurance. Also, we are concerned reports of incidents of suspected abuse/neglect, etc. are not the only means of determining whether instances of abuse, neglect, etc. have occurred, as it possible that some of these instances could go unreported. We urge the state to consider other metrics by which to measure that all instances of abuse, neglect, exploitation and unexplained death are being identified, even if a special incident report has not been filed.